

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of New York

Case number (if known): _____

Chapter you are filing under:

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Complete Property Management Inc.

2. **All other names debtor used in the last 8 years**

Include any assumed names, trade names, and *doing business as* names

3. **Debtor's federal Employer Identification Number (EIN)** 11-3513663

4. **Debtor's address**

Principal place of business

76 Yaphank Avenue

Number Street

Yaphank NY 11980

City State ZIP Code

Suffolk County

County

Mailing address, if different from principal place of business

.

Number Street

PO Box 175

P.O. Box

Brookhaven NY 11719

City State ZIP Code

Location of principal assets, if different from principal place of business

2647 Montauk Hwy

Number Street

Brookhaven NY 11719

City State ZIP Code

5. **Debtor's website (URL)** _____

6. **Type of debtor**

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor Complete Property Management Inc. Case number (if known) _____
 Name _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☒ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
 MM / DD / YYYY
 District _____ When _____ Case number _____
 MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
 District _____ When _____
 MM / DD / YYYY
 Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Complete Property Management Inc. Case number (if known) _____
 Name _____

11. Why is the case filed in *this* district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

 City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor	Complete Property Management Inc. Name	Case number (if known)
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16. Estimated liabilities

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/01/2023
MM / DD / YYYY

X /s/ Robert J. Deshler
Signature of authorized representative of debtor

Title President

Robert J. Deshler
Printed name

18. Signature of attorney

X /s/ Sarah Keenan
Signature of attorney for debtor

Date 12/01/2023
MM / DD / YYYY

Sarah Keenan
Printed name

Sferrazza & Keenan PLLC
Firm name

532 Broadhollow Rd. Ste. 111

Number Street

Melville

City

NY

State

11747

ZIP Code

(631) 753-4400

Contact phone

sally@skpllc.com

Email address

1960509

Bar number

NY

State

Fill in this information to identify the case:Debtor name Complete Property Management Inc.United States Bankruptcy Court for the: Eastern District of New York

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	New York State Department of Taxation and Finance 455 W.A. Harriman State Campus Bldg 8, Room 455 Albany, NY, 12227		Taxes & Other Government Units				2,005.00
2							
3							
4							
5							
6							
7							
8							

Debtor

Complete Property Management Inc.

Name

Case number (if known)

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:

Debtor name Complete Property Management Inc.
 United States Bankruptcy Court for the: Eastern District of New York
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name
JY Shtotty L.P

Describe debtor's property that is subject to a lien
2647 Montauk Highway, Brookhaven, NY

\$ 317,908.00 \$ 1,750,000.00

Creditor's mailing address

c/o Jacobowitz Newman Tversky LLP
377 Pearsall Ave., Suite C, Cedarhurst, NY

Creditor's email address, if known

Date debt was incurred 09/25/2009

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Specify each creditor, including this creditor,

Suffolk County Comptroller, 1st; JY Shtotty L.P, 2nd

Describe the lien

Mortgage

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

2.2 Creditor's name
Suffolk County Comptroller

Describe debtor's property that is subject to a lien
2647 Montauk Highway, Brookhaven, NY

\$ 12,217.00 \$ 1,750,000.00

Creditor's mailing address

330 Center Dr
Riverhead, NY 11901

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☒ Yes. The relative priority of creditors is specified on lines 2,1

Describe the lien

Statutory

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 330,125.00

[illegible]

Fill in this information to identify the case:

Debtor Complete Property Management Inc.

United States Bankruptcy Court for the: Eastern District of New York

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

New York State Department of Taxation and Finance
455 W.A. Harriman State Campus
Bldg 8, Room 455
Albany, NY, 12227

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$ 2,005.00

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Total claim

Priority amount

\$ 2,005.00**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Is the claim subject to offset?

- ☐ No
- ☐ Yes

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Debtor

Complete Property Management Inc.

Name

Case number (if known)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	\$ _____
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim:		
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	\$ _____
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim:		
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.3 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	\$ _____
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim:		
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.4 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	\$ _____
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim:		
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.5 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	\$ _____
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim:		
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.6 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	\$ _____
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Basis for the claim:		
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor

Complete Property Management Inc.

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 2,005.00

5b. **Total claims from Part 2**

5b.

+

\$ 0.00

5c. **Total of Parts 1 and 2**

5c.

\$ 2,005.00

Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name Complete Property Management Inc.United States Bankruptcy Court for the: Eastern District of New YorkCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****2.1**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:Debtor name Complete Property Management Inc.United States Bankruptcy Court for the: Eastern District of New York

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**Column 1: Codebtor****Column 2: Creditor****Name****Mailing address****Name***Check all schedules that apply:*2.1 Robert Deshler
75 Yaphank Avenue
Yaphank, NY 11980

JY Shtotty L.P.

☒ D
☐ E/F
☐ G

2.2

☐ D
☐ E/F
☐ G

2.3

☐ D
☐ E/F
☐ G

2.4

☐ D
☐ E/F
☐ G

2.5

☐ D
☐ E/F
☐ G

2.6

☐ D
☐ E/F
☐ G

Fill in this information to identify the case and this filing:Debtor Name Complete Property Management Inc.United States Bankruptcy Court for the: Eastern District of New York

Case number (If known): _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/01/2023
MM / DD / YYYY

X /s/ Robert J. Deshler

Signature of individual signing on behalf of debtor

Robert J. Deshler

Printed name

President

Position or relationship to debtor

United States Bankruptcy Court**IN RE:**

Case No. _____

Complete Property Management Inc.

Chapter 11**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Robert Deshler 76 Yaphank Ave., Yaphank, NY 11980	100	President

United States Bankruptcy Court

Eastern District of New York

In re Complete Property Management Inc.

Case No. _____

Debtor

Chapter ¹¹ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE Fee awarded by Court upon application pursuant to 11 USC Sections 330 and 331.

For legal services, I have agreed to accept \$ _____

Prior to the filing of this statement I have received. \$ ^{0.00} _____

Balance Due. \$ _____

☐ RETAINER

For legal services, I have agreed to accept a retainer of \$ _____

The undersigned shall bill against the retainer at an hourly rate of \$ _____

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☐ Debtor ☐ Other (specify) All fees approved by the Bankruptcy Court will be paid at closing or refinance of Debtor's real property.

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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d. [Other provisions as needed]

Analysis of financial situation, preparation of petition, schedules, statement of affairs; Representation at meeting of creditors and any adjourned hearing dates

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation in adversary proceedings, loss mitigation proceedings, Bankruptcy Rule 2004 examinations, valuation proceedings

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/01/2023

Date

/s/ Sarah Keenan, 1960509

Signature of Attorney

Sferrazza & Keenan PLLC

Name of law firm
532 Broadhollow Rd. Ste. 111
Melville, NY 11747